

*# 9/6 NC*  
*DO*  
*3/1/04*  
**RESPONSE UNDER**  
**37 C.F.R. § 1.116**  
**EXPEDITED PROCEDURE**  
**EXAMINING GROUP 3743**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT : Kevin D. J. Bowden  
APPLICATION NO. : 09/648,143  
CONFIRMATION NO. : 5341  
FILED : August 25, 2000  
FOR : FLOW CONTROL VALVE FOR  
MANUAL RESUSCITATOR DEVICES  
ART UNIT : 3743  
EXAMINER : Mital B. Patel  
ATTORNEY DOCKET NO. : SW7255US

*Do Not Enter*  
*3/10/04 ref*

January 20, 2004

**RESPONSE TO FINAL OFFICE ACTION**

**Mail Stop --AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office action dated October 22, 2003, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

Practitioner's Docket No. SW7255US

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kevin D.J. Bowden

Application No.: 09/648,143

Group No.: 3743

Filed: August 25, 2000

Examiner: Mital B. Patel

For: FLOW CONTROL VALVE FOR MANUAL RESUSCITATOR DEVICES

**RESPONSE UNDER  
37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP  
3743**

**RECEIVED**  
FEB 25 2004  
TECHNOLOGY CENTER R3700

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT OR RESPONSE AFTER FINAL REJECTION-TRANSMITTAL

- Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

**CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\***

*(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

## MAILING

XX deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)  
XX with sufficient postage as first class mail.

37 C.F.R. § 1.10\*  
as "Express Mail Post Office to Addressee"  
Mailing Label No. \_\_\_\_\_ (mandatory)

## TRANSMISSION

\_\_\_\_ facsimile transmitted to the Patent and Trademark Office, (703) \_\_\_\_\_

Christine Goellner  
Signature

Date: January 20, 2004

Christine Goellner  
(type or print name of person certifying)

\* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

## STATUS

2. Applicant is a small entity. A statement is no longer required.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY
	Claims Remaining After Amendment		Highest No Previously Paid For		Present Extra	Addit Fee
Total	10	Minus	20	= 0	x \$9 =	\$0
Indep	1	Minus	3	= 0	x \$43 =	\$0
First Presentation of Multiple Dependent Claim				+ \$145 =		\$0
				Total Addit. Fee		\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

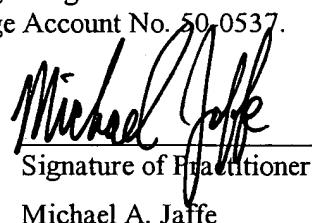
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

*No additional fee for claims is required.*

## FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 50-0537.  
If any additional fee for claims is required, charge Account No. 50-0537.

Date: January 20, 2004



Signature of Practitioner

Reg. No.: 36,326  
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